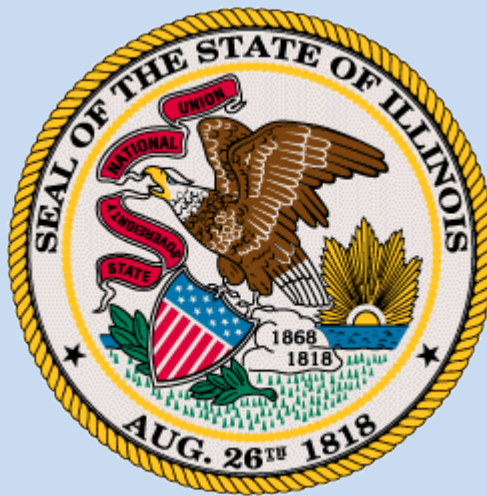


State of Illinois Opioid Action Plan Implementation Report



May 31, 2018

Table of Contents

Introduction	3
I. Prevention	6
A) Safer Prescribing and Dispensing	6
Strategy 1: Increase Prescription Monitoring Program Use by Providers.....	6
Strategy 2: Reduce High-Risk Opioid Prescribing Through Provider Education and Guidelines	8
B) Education and Stigma Reduction	10
Strategy 3: Increase Accessibility of Information and Resources.....	10
Strategy 4: Increase the Impact of Prevention Programming in Communities and Schools	14
C) Monitoring and Communication.....	15
Strategy 5: Strengthen Data Collection, Sharing, and Analysis to Better Identify Opportunities for Intervention	15
II. Treatment and Recovery	18
D) Access to Care	18
Strategy 6: Increase Access to Care for Individuals with Opioid Use Disorder	18
E) Supporting Justice-Involved Populations.....	25
Strategy 7: Increase the Capacity of Deflection and Diversion Programs Statewide	25
III. Response	28
F) Rescue	28
Strategy 8: Increase the Number of First Responders and Community Members Who Are Trained and Have Access to Naloxone	28
G) Supporting Justice-Involved Populations.....	30
Strategy 9: Decrease the Number of Overdose Deaths After an At-Risk Individual's Immediate Release From A Correctional Facility	30

Introduction

On September 6, 2017, Illinois released its State Opioid Action Plan (SOAP)¹, along with Executive Order (EO) 2017-05, establishing the Governor's Opioid Prevention and Intervention Task Force (Task Force). The SOAP forms the strategic framework for addressing the opioid epidemic in Illinois, setting a **statewide goal of reducing opioid-related deaths by one-third in three years** and formulating a set of evidence-based strategies to achieve this goal. The SOAP focuses on efforts falling into **three pillars**:

- 1) **Prevention**: preventing people from using opioids
- 2) **Treatment and Recovery**: providing evidence-based treatment and recovery services to Illinois citizens with opioid use disorder (OUD)
- 3) **Response**: avoiding death after overdose

The three pillars encompass **six main priorities**, which are addressed through **nine evidence-based strategies**.

The EO directed the Task Force to collaborate with the Illinois Opioid Crisis Response Advisory Council (Advisory Council), the statewide opioid stakeholder group, to formulate a detailed implementation plan with specific activities and metrics for the execution of the strategies set forth in the SOAP. In October 2017, the Task Force charged the Advisory Council with developing recommendations for each of the nine strategies in the SOAP. The Advisory Council recommendations were released² and reviewed by the Task Force earlier this year, and form the basis of the State's implementation plan.

The State of Illinois Opioid Action Plan is a three-year plan, and implementation will occur in multiple phases over the next few years. This report details accomplishments since the release of the SOAP last year, as well as the **first phase** of implementation. This report is intended to be dynamic and continually updated as the State and its partners roll out further activities, recommendations, and planned initiatives.

¹ <http://dph.illinois.gov/sites/default/files/publications/Illinois-Opioid-Action-Plan-Sept-6-2017-FINAL.pdf>

² <http://www.dhs.state.il.us/OneNetLibrary/27896/documents/CommitteeRecommendationsGoalandMetricsJanuary122018.pdf>

OVERALL GOAL

Reduce Opioid-Related Deaths by 33%
Against Estimated Deaths in Three Years

PREVENTION

A Safer Prescribing and Dispensing

- 1 Increase PMP use by providers
- 2 Reduce high-risk opioid prescribing through provider education and guidelines

B Education and Stigma Reduction

- 3 Increase accessibility of information and resources
- 4 Increase impact of prevention programming in communities and schools

C Monitoring and Communication

- 5 Strengthen data collection, sharing, and analysis to better identify opportunities for intervention

TREATMENT AND RECOVERY

D Access to Care

- 6 Increase access to care for individuals with opioid use disorder

E Supporting Justice-Involved Populations

- 7 Increase the capacity of deflection and diversion programs statewide

RESPONSE

F Rescue

- 8 Increase the number of first responders as well as community members who are trained and have access to naloxone

G Supporting Justice-Involved Populations

- 9 Decrease the number of overdose deaths after an at-risk individual's immediate release from a correctional or other institutional facility

Stakeholder Collaboration

Summary of Initiatives

Prevention

A

Initiative 1.1

Integrate PMP into all EHRs by 2021

Initiative 1.2

Expand PMP access to delegates & other professionals

Initiative 2.1

Identify & evaluate high-prescribers

Initiative 2.2

Require PMP registration & opioid CE for CS licensing

B

Initiative 3.1

Tailor messaging on opioids & OUD

Initiative 3.2

Develop comprehensive state opioids website

Initiative 3.3

Expand IL Helpline capacity

Initiative 4.1

Understand how opioids impact schools, students & families

C

Initiative 5.1

Increase opioid-related public data reporting

Initiative 5.2

Grow opioid data collection & interagency collaboration

Initiative 5.3

Track & map opioid ODs in real time

Treatment & Recovery

D

Initiative 6.1

Implement "Hub & Spoke" treatment model

Initiative 6.2

Increase & support MAT prescribers

Initiative 6.3

Expand OMT & recovery home services

Initiative 6.4

Update DCFS opioids training & policies

Initiative 6.5

Mental health & SUD treatment parity

Initiative 6.6

Address impact of opioids on pregnant women & newborns

E

Initiative 7.1

Educate on diversion & deflection frameworks

Initiative 7.2

Linkage & bridge services for individuals with OUD

Initiative 7.3

Promote opioids & diversion trainings for legal professionals

Response

F

Initiative 8.1

Expand naloxone training and access

Initiative 8.2

Educate public about naloxone

G

Initiative 9.1

Expand naloxone distribution to justice-involved individuals & supporters

Initiative 9.2

Expand MAT availability at correctional facilities

Initiative 9.3

Post-release linkage services for justice-involved individuals

I. Prevention

A) Safer Prescribing and Dispensing

On December 13, 2017, Governor Rauner signed Senate Bill 772 (Public Act 100-0564) into law. The bill was aimed directly at promoting safer opioid prescribing and dispensing by strengthening the Illinois Prescription Monitoring Program (PMP) and increasing PMP use by providers. Key mandates include:

- Requiring all prescribers with an Illinois controlled substances license to register with the PMP;
- Requiring prescribers or their designees to document an attempt to access the PMP when providing an initial prescription for Schedule II narcotics, including opioids;
- Requiring the Illinois Department of Human Services (DHS) to adopt rules requiring all electronic health records (EHR) systems to integrate with the PMP by 2021; and
- Requiring DHS to adopt rules allowing prescribers and pharmacists registered with the PMP to authorize designees to check PMP records on their behalf, as well as requiring hospitals to facilitate the designation process.

Implementation initiatives and activities under the priority of Safer Prescribing and Dispensing were developed in collaboration with the Advisory Council, with a focus on reflecting the requirements of PA 100-0564.

Strategy 1: Increase Prescription Monitoring Program Use by Providers

Initiative 1.1: Fully integrate the Illinois Prescription Monitoring Program into all electronic health records systems by 2021, prioritizing hospital systems in areas of high need for initial integration

Implementation Activities and Progress

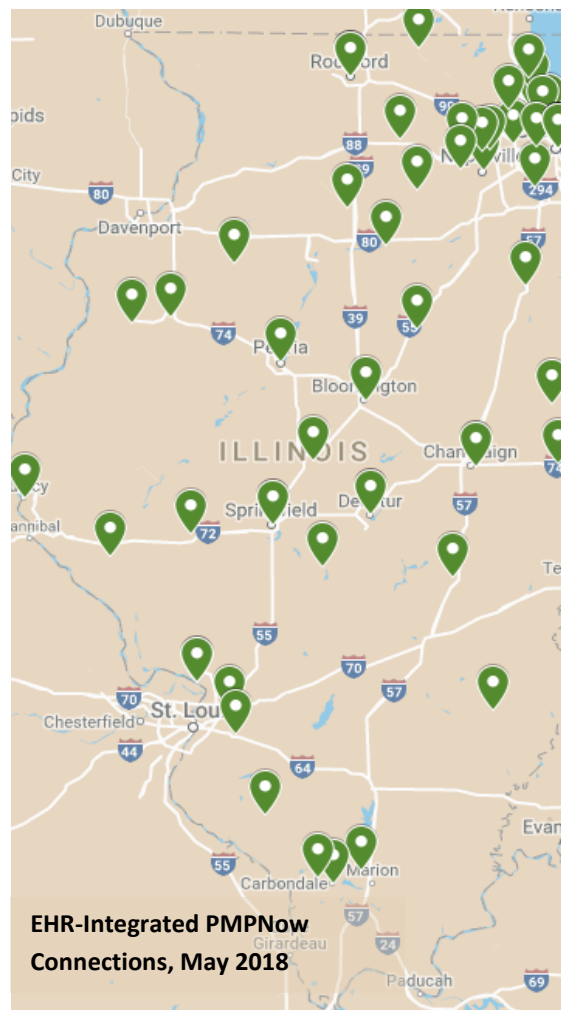
- PMP has been actively integrating EHRs with the PMP statewide over the past year, allowing prescribers in these systems to make PMP queries via an automated EHR connection (PMPNow). PMP will continue implementing PMPNow in more health system EHRs statewide in the upcoming months and years, prioritizing and targeting areas of high need in Illinois. As of May 2018, 35

health systems across Illinois have had their EHRs integrated with the PMP, with an additional 51 systems in process (see map below).

- There have been more than 14 million automated PMPNow queries in the first four months of 2018, 40% more than PMPNow queries in all of 2017. Non-automated PMP checks via the PMP website have also increased significantly, with 32% more checks in April 2018 (315,862) as compared to December 2017 (239,193).

Metrics

- Number of EHR systems integrated with the PMP
- Number of automated PMPNow queries via EHR-integrated systems
- Number/proportion of EHR systems in high-need areas identified and integrated



Initiative 1.2: Give licensed delegates (e.g., registered nurses, physician assistants, certified nurse practitioners) and other non-licensed professionals access to the Illinois Prescription Monitoring Program

Implementation Activities and Progress

- PMP is in the process of implementing the technical infrastructure to enroll and give access to licensed delegates. This process is expected to be completed and live by the end of fiscal year 2018.

- PMP is currently revising administrative rules to expand PMP access to non-licensed professionals (e.g., medical assistants, veterinarians, coroners/medical examiners). These rule changes are expected to be completed by the end of calendar year 2018.

Metrics

- Rule adoption for registered prescribers or pharmacists to authorize a designee
- Number of designees authorized to use in the PMP
- Number of hospitals facilitating designees' access to the PMP
- Number of hospital designees registered with the PMP
- Proportion of designees registered with the PMP who are utilizing the PMP

Strategy 2: Reduce High-Risk Opioid Prescribing Through Provider Education and Guidelines

Initiative 2.1: Identify providers statewide who are prescribing opioids at levels higher than recommended guidelines and evaluate their practice.

Implementation Activities and Progress

- PMP is identifying practitioners statewide who are prescribing outside of CDC guidelines (>90 MMEs/day) and sending letters informing them of how their practice compares to other providers in the state within the same area of practice. These letters are in addition to unsolicited letters that PMP is sending providers of patients with a prescription history suggesting “doctor shopping” behavior.
- PMP plans to use identified prescribers as the focus for dissemination of information about risk mitigation tools, prescribing guidelines, continuing medical education programs, and academic detailing. PMP also plans to evaluate activity before and after such interventions to determine the most effective methods to impact opioid prescribing practices.
- The Illinois Department of Insurance (DOI) has held meetings with six of the largest insurers in the state to address OUD and mental health parity. These discussions incorporated plans for addressing the highest prescribers of opioids, including incentives and penalties as appropriate. DOI plans to hold an Insurer Summit in 2018 to review additional action items.

Metrics

- Number of outlier prescribers identified
- Number of practice evaluation letters sent
- List of DOI OUD action items

Initiative 2.2: As part of controlled substance licensing, require (a) that prescribers be registered with the PMP, and (b) that prescribers receive continuing education regarding opioid prescribing

Implementation Activities and Progress

- Per PA 100-0564, controlled substance (CS) licensed prescribers are now mandated to register with the PMP. There have been significant increases in new PMP registrations from prescribers since PA 100-0564 was passed, with 28,418 new enrollments since December 2017, raising the total number of PMP registered users to 65,630.
- The Illinois Department of Financial and Professional Regulation (DFPR) introduced a bill (SB 2777) requiring all health care professionals holding a CS license to take three of the mandated continuing education hours on proper opioid prescribing. SB 2777 was passed by the Illinois General Assembly on May 30, 2018. DFPR will adopt rules for the administration of the new continuing education requirement.
- DFPR has proposed rulemaking that would adopt the Federation of State Medical Boards' Guidelines for the Chronic Use of Opioid Analgesics into the Medical Practice Act's Administrative Rules which would govern all licensed physicians in Illinois. These proposed rule changes are currently scheduled for review by the Illinois Joint Committee on Administrative Rules in June 2018.

Metrics

- Status of SB 2777 and administrative rules
- Number of CS-licensed prescribers registered with the PMP
- Proportion of PMP-registered licensed prescribers utilizing the PMP

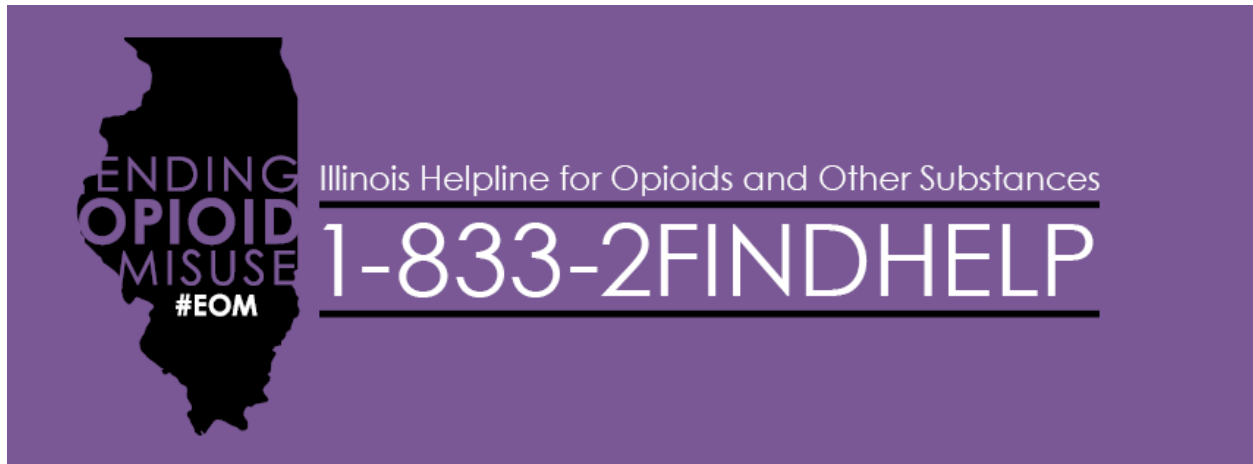
B) Education and Stigma Reduction

Strategy 3: Increase Accessibility of Information and Resources

Initiative 3.1: Tailor the content and delivery of messaging about opioids and OUD to different audiences, including messaging about the Illinois Helpline for Opioids and Other Substances, using research-based, non-stigmatizing, and effective strategies

Implementation Activities and Progress

- In December 2017, DHS-SUPR launched the Illinois Helpline for Opioids and Other Substances (Helpline), a 24-hour helpline providing treatment referral and informational support services for individuals in Illinois suffering from OUD and SUD as well as their supporters. As of May 2018, there have been more than 3,000 calls to the Helpline.



- DHS recently launched #EOM: Ending Opioid Misuse in Illinois, a statewide media campaign. #EOM targets individuals who are misusing opioids as well as their friends, families, and communities, using non-stigmatizing messaging in both English and Spanish to encourage them to call the Illinois Helpline for Opioids and Other Substances (Helpline). #EOM is also being promoted for incorporation in all social media messaging regarding opioid misuse. As of May 2018, over 18,000 #EOM: Ending Opioid Misuse posters are being displayed on the CTA as well as at gas stations and convenience stores, with an estimated 58 million views by members of the public per month.

- The Outdoor Advertising Association of Illinois has donated approximately 100 billboards to help promote the Helpline. In developing the billboards, over 700 people were surveyed to test billboard messaging for effectiveness and non-stigmatizing language.
- DHS also launched *Guard and Discard*, a statewide media campaign that focuses on raising public awareness of the importance of safe use, storage, and disposal of prescription pain medications. As of May 2018, over 200,000 *Guard and Discard* posters, postcards, and magnets, in both English and Spanish, are being displayed or circulated.
- The Illinois Department of Public Health (DPH) has been working with the Illinois Broadcaster's Association to conduct a series of public service announcement (PSA) campaigns on radio and television regarding opioid use disorder, Illinois' Good Samaritan Law, and stigma reduction. DPH's radio-based PSA regarding opioid overdose and Illinois' Good Samaritan Law began airing in south-central Illinois in March 2018. DPH's television and radio-based PSA raising awareness of OUD began airing in February 2018. A third television-based PSA focused on stigma reduction and OUD awareness has completed production and is expected to begin airing in late May 2018.
- DPH has been awarded a grant from the Association of State and Territorial Health Officials (ASTHO) to develop and disseminate patient-centered and research-based educational materials statewide regarding opioids, OUD, Neonatal Abstinence Syndrome (NAS), and breastfeeding. DPH is collaborating closely with perinatal administrators across the state as well as the Illinois Perinatal Quality Collaborative (ILPQC) Mothers and Newborns affected by Opioids (MNO) Initiative in this effort. One set of educational materials will provide information on prevention and opioid prescriptions to all pregnant women. The second set of materials will provide education to mothers with OUD on the importance of breastfeeding, providing skin-to-skin contact, and rooming in with their baby. In developing these educational materials, DPH compiled existing materials on these topics, utilizing feedback from several focus groups comprising women and recent mothers to review and update the content. DPH will distribute the newly developed educational materials to hospitals, who will then work with their outpatient providers and clinics to distribute and discuss these materials with women in prenatal care through their quality improvement work on the ILPQC MNO initiative.

- DOI has developed and disseminated educational materials, including an informational video, FAQ, and Fact Sheet regarding mental health, substance use disorders (SUDs), and opioids on its website.³ Updates and revisions to the Consumer Toolkit are currently underway, as are plans to publish a Provider Toolkit.

Metrics

- Messaging, communication strategies, media campaigns, and educational materials developed, implemented, and disseminated
- Estimated number of informational contacts by members of the public across various media sources
- Number of calls to the Illinois Helpline for Opioids and Other Substances

Initiative 3.2: Develop a dedicated, comprehensive opioids website specific to Illinois and target a range of audiences by using various platforms and technology

Implementation Activities and Progress

- A comprehensive single state opioids website is currently being developed and is expected to launch in late 2018. Once developed, partners will use a variety of social media platforms and technologies to promote the website. In the meantime, both DPH and DHS' Division of Substance Use Prevention and Recovery (DHS-SUPR) have recently overhauled their respective opioids websites⁴ to include updated and additional information specific to Illinois with respect to prevention, treatment, overdose response, naloxone, relevant statutes and regulations, and data.
- DOI is developing a landing page on its website dedicated to mental health, SUDs, and opioids to provide consumers with easier access to relevant insurance-related resources and educational materials. These resources will also be made available on the comprehensive single state opioids website.

³ <http://multimedia.illinois.gov/ins/ins-parity.html>
<http://insurance.illinois.gov/HealthInsurance/MentalHealthFAQs.pdf>
<http://insurance.illinois.gov/healthInsurance/MentalHealthConsumerFactSheet.pdf>

⁴ www.dph.illinois.gov/opioids
<http://www.dhs.state.il.us/page.aspx?item=93882>

Metrics

- Single state opioids website developed and launched
- Number of website hits, webpage hits, website materials downloaded
- Number/proportion of users linked to website by link medium (e.g., social media, smartphone apps)

Initiative 3.3: Expand the capacity of the Illinois Helpline for Opioids and Other Substances to include texting, social media, and/or other non-verbal forms of communication

Implementation Activities and Progress

- Social media, texting, and other non-verbal forms of communication are included in the marketing plan for the Helpline. During the launch of the Helpline, business cards, posters, and a social media #EOM campaign were included in initial marketing. The Helpline website was recently launched,⁵ with a Spanish-language version to be released in summer 2018. More robust social media presence and activities are currently in development. The goal of social media promotion will be to increase engagement with the Helpline by providing multiple marketing platforms to reach various audiences. In recognition that texting is often a primary form of communication for youth and young adults, the Helpline is currently in the process of exploring options for individuals to access help via text messaging.

Metrics

- Helpline expanded to include texting, social media, and other non-verbal forms of communication
- Number of texts/social media posts made or sent to the Helpline

⁵ <https://helplineil.org/>

Strategy 4: Increase the Impact of Prevention Programming in Communities and Schools

Initiative 4.1: Strengthen understanding of how schools, students, and families are affected by the opioid epidemic; identify existing school-based prevention programming with respect to opioids and support existing training activities for school nurses regarding opioids and naloxone access

Implementation Activities and Progress

- The Advisory Council is currently reviewing the Illinois Youth Survey (IYS) to assess existing opioid-related questions and provide recommendations on modifications to understand how schools, students and families are affected by the opioid epidemic in Illinois. Once these recommendations are released, the Task Force will coordinate to incorporate new opioid-related questions as appropriate and to promote IYS use by more school districts and communities.
- In Fall 2017, DPH's School Health Program provided trainings incorporating information about the opioid epidemic in Illinois as well as naloxone to approximately 1,000 school nurses at four locations statewide. Discussions are in progress between the Illinois State Board of Education, DPH, and DHS-SUPR to improve coordination of school naloxone access, training, and procedures, as well as to perform an inventory of school-based prevention programming statewide.

Metrics

- IYS questions assessing impact of opioids on students and families developed and added
- Number of schools administering the IYS version with opioids-related questions
- Opioid-related trainings for school nurses conducted
- Existing school-based prevention programming inventoried

C) Monitoring and Communication

Strategy 5: Strengthen Data Collection, Sharing, and Analysis to Better Identify Opportunities for Intervention

Initiative 5.1: Strengthen reporting of opioid-related data to the public so that stakeholders and other interested individuals can be better informed on how the opioid epidemic affects their communities.

Implementation Activities and Progress

- DPH—in collaboration with other state agencies—has been actively working on more robust public reporting of opioid-related data, including the development of a dynamic, searchable, public-facing Opioid Data Dashboard. In March 2018, DPH released the Opioid Data Dashboard,⁶ which presents non-fatal and fatal opioid overdose data by county and ZIP code, trends by demographics and cause of overdose, prescribing trends, a more detailed breakdown of the type of opioid involved in fatal overdoses, and an interactive map of all pharmacies and other entities in Illinois that provide naloxone without a prescription. DPH is in the process of developing additional capabilities on the dashboard. These include interactive maps of prescription drug disposal sites as well as OUD treatment services locations, which are expected to be added to the Dashboard by summer 2018.
- DPH released the State of Illinois Comprehensive Opioid Data Report⁷ in December 2017.
- DPH produces an Opioid Overdose Semiannual Report in June and December. Additionally, DPH reports fatal drug overdoses, including opioid overdose, by county and demographics, in its Drug Overdose Deaths report which is updated monthly. These reports, along with the DPH Opioid Data Dashboard and the State of Illinois Comprehensive Opioid Data Report, are viewable under the Publications list on DPH's Opioids Data webpage.⁸

⁶ <https://idph.illinois.gov/OpioidDataDashboard/>

⁷ <http://dph.illinois.gov/sites/default/files/publications/publicationsdoil-opioid-data-report.pdf>

⁸ <http://dph.illinois.gov/opioids/idphdata>

Metrics

- Data reports, dashboards, and other reporting mechanisms developed and released
- Number of website hits to DPH's Opioid Data Dashboard

Initiative 5.2: Strengthen opioid-related data surveillance; enhance sharing, linkage, and cross-analysis of opioid-related datasets housed across different agencies.

Implementation Activities and Progress

- DPH has received approximately \$1.2 million in federal funding to enhance statewide monitoring and surveillance of opioid-related mortality and morbidity as well as facilitating collaboration and data sharing between criminal justice, public health, and SUD treatment communities.
- DPH has received federal funding from the Maternal and Child Health (Title V) Block Grant program to support data analysis specifically identifying how opioids are affecting Illinois women of reproductive age (15-44 years old), including analysis of opioid-related mortality and morbidity in pregnant and post-partum women and newborns. DPH has recently published a data snapshot⁹ reporting on and summarizing these analyses.
- DPH and PMP have signed a data-sharing agreement and are in the process of performing various data analyses cross-linking PMP prescription opioid and DPH opioid mortality/morbidity data.
- DPH and the Illinois Criminal Justice Information Authority (ICJIA) will be collaborating to study opioid-related mortality, morbidity, and hospital utilization of individuals recently released from correctional facilities.
- DPH is collaborating with the Chicago High Intensity Drug Trafficking Area program (Chicago-HIDTA) and the University of Chicago Urban Labs to cross-analyze law enforcement data with DPH opioids data.
- DPH is collaborating with the University of Chicago and Southern Illinois University under a federal grant from the National Institute on Drug Abuse to

⁹ http://dph.illinois.gov/sites/default/files/publications/publicationsowhdrug-poisoning-and-opioid-deaths-among-women_0.pdf

perform predictive/epidemiological modeling on HIV, Hepatitis C, opioid overdose, and related comorbidities in rural communities in southern Illinois affected by opioid injection drug use.

Metrics

- Number of data sharing agreements signed; data analysis collaborations implemented
- Reports, studies, and evaluations resulting from data collaborations

Initiative 5.3: Implement platforms for tracking and mapping opioid overdoses in real time in order to identify geographical hot spots for targeted interventions and alert public health and safety authorities.

Implementation Activities and Progress

- The Illinois State Police (ISP) is implementing the Overdose Detection Mapping Application Program (ODMAP), a real-time opioid overdose reporting and tracking platform offered through HIDTA, for state troopers to report overdoses and naloxone administrations.
- DPH has implemented the BioSpatial platform to track and analyze opioid overdose reports from emergency medical services (EMS) in real-time. DPH is also implementing ODMAP for use by law enforcement agencies in rural Illinois receiving naloxone under DPH's First Responders – Comprehensive Addiction Recovery Act (FR-CARA) Rural Opioid Overdose Prevention Program funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).
- DPH maintains a syndromic surveillance system that captures the reason for visit for every emergency department visit in Illinois in near real-time. Data is accessible in the web-based BioSense Platform for state and local health departments to track all drug-related morbidity on a daily and continuous basis, including opioid overdoses.

Metrics

- Real-time overdose tracking platforms implemented
- Number of agencies utilizing ODMAP to report overdoses in real-time
- Number of hospitals satisfying their mandatory opioid overdose reporting requirement through syndromic surveillance submission

II. Treatment and Recovery

D) Access to Care

In May 2018, federal CMS approved Illinois' 1115 Medicaid waiver, enabling the state to implement a series of 10 pilot programs. These pilot programs are focused on better integrating behavioral health treatment with physical health treatment for the approximately three million Medicaid recipients in Illinois, with a strong focus on improving access to OUD and other SUD treatment statewide. The approved programs include:

- A pilot lifting the “IMD exclusion” that normally excludes OUD/SUD treatment services provided in residential and inpatient treatment settings that qualify as an Institution for Mental Disease (IMD), which will allow for expansion of inpatient treatment beds available statewide;
- A pilot covering clinically managed withdrawal management services;
- An SUD case management services pilot for justice-involved individuals;
- A peer recovery pilot supporting services delivered by individuals in SUD recovery (*i.e.*, a peer recovery coach) to provide counseling support, promote recovery, and help prevent relapse;
- An evidence-based home visiting services pilot to support mothers with babies born with substance withdrawal symptoms, including neonatal abstinence syndrome;

In addition to the above OUD/SUD specific pilots, the 1115 waiver covers several pilots covering home and community-based services – including community integration, housing support, employment support, and respite care services – as well as crisis intervention and in-home behavioral health services. Illinois will implement these pilot programs over the next five years. More information on the 1115 waiver can be found on the DHFS website¹⁰.

Strategy 6: Increase Access to Care for Individuals with Opioid Use Disorder

Initiative 6.1: Build capacity in Illinois to implement the “Hub and Spoke” model of opioid use disorder treatment.

¹⁰ <https://www.illinois.gov/hfs/SiteCollectionDocuments/BetterCareIllinoisFAQs.pdf>

Implementation Activities and Progress

- In the “Hub and Spoke” model of OUD treatment, individuals with complex needs receive care through specialty treatment “hubs” responsible for coordinating care across health and SUD treatment systems, while individuals with less complex needs receive care through “spokes” comprising MAT-prescribing physicians and collaborating professionals who provide supportive services. DHS-SUPR will use federal State Targeted Response (STR) funds to pilot two Hub and Spoke projects in geographic areas of Illinois without access to Medication Assisted Treatment (MAT). The pilot projects will incorporate an evaluation component to document project process and outcomes measures. Pilot project results and “lessons learned” will be used to inform training and replicate the Hub and Spoke model in future phases of implementation. DHS-SUPR released a Notice of Funding Opportunity for these pilot projects on April 30, 2018. Program funding available under this opportunity will total \$1 million, split between two projects. Grantees are expected to be selected in July 2018 and project implementation is expected to begin by September 2018.

Metrics

- Notice of Funding opportunity for pilot projects released
- Pilot projects selected and implemented
- Evaluation component implemented
- Pilot project data on process and outcomes collected
- Programmatic, administrative, and financial metrics developed

Initiative 6.2: Increase the number of Medication Assisted Treatment (MAT) prescribers in Illinois and support current MAT prescribers by providing technical assistance and targeted training

Implementation Activities and Progress

- DHS-SUPR is supporting Southern Illinois Healthcare, located in the Illinois Delta region, to sponsor and coordinate meetings discussing opportunities and resources related to MAT. These meetings will provide a training venue in which experienced MAT providers share successes and barriers in providing MAT and address questions from new/prospective providers on how MAT programs can work in their practices.

- DHS-SUPR is currently using federal STR funds to support a multi-disciplinary program at the Rush University Hospital network on the west side of Chicago (Rush STR Program). This program includes peer-to-peer support for MAT prescribers via substance use intervention consult teams, training programs regarding MAT for clinical staff, as well as the establishment of an addiction medicine fellowship for physicians and nurse practitioners.
- DHS-SUPR is surveying active MAT providers to identify those currently accepting new patients and Medicaid. DPH is working on a qualitative study of active and inactive MAT providers to identify facilitators and barriers to office-based MAT to inform further training, technical assistance, and policy activities in future phases of implementation.
- The Advisory Council is in the process of identifying, reviewing, and compiling recommendations with respect to existing training materials for MAT prescribers. These recommendations will form the basis of targeted training activities in future phases of implementation.
- DHS-SUPR and DPH conducted a naloxone webinar for MAT providers on May 3, 2018. DHS-SUPR will develop more training materials for MAT providers regarding the importance of providing naloxone to MAT patients at both initial treatment induction and discharge.

Metrics

- Number of providers receiving training and technical assistance
- Number of new providers becoming MAT prescribers

Initiative 6.3: Expand existing outpatient methadone services and recovery home services.

Implementation Activities and Progress

- DHS-SUPR has contracted with 12 community-based licensed provider organizations to provide expanded OMT services through the STR grant. As of May 2018, nearly 2000 clients have been admitted to these expanded OMT services.
- DHS-SUPR has contracted with three organizations through the STR grant to provide expanded recovery home services for individuals with OUD who have unstable living arrangements and are active in some form of MAT. As of May 2018, nearly 40 clients have been admitted to these services.

Metrics

- Number of organizations contracted to provide expanded services
- Number of clients served by expanded services

Initiative 6.4: Review and update opioid-related policies, procedures, and trainings at the Illinois Department of Children and Family Services (DCFS) to ensure that they reflect the most current understanding of best practices for short and long-term child and family well-being and safety

Implementation Activities and Progress

- DCFS will create new general training as well as review and update policies and procedures regarding opioids, OUD, and related topics for all DCFS staff in the upcoming year.
- DCFS will disseminate updated procedures regarding opioids and OUD to its delegate agencies and hospitals via existing communications processes.

Metrics

- Training/procedures regarding OUD and related topics developed and updated
- Number of DCFS trainings
- Number of delegate agencies and hospitals receiving communications plan

Initiative 6.5: Promote the equal treatment and coverage of mental health and substance use disorders, including OUD, and ensure that insurers comply with mental health parity laws.

Implementation Activities and Progress

- DOI has been conducting internal training of staff for researching and identifying mental health parity violations. These trainings will continue as new materials are developed and made available.

- DOI has held meetings with six of the largest insurers in the state to review action items with respect to OUD and mental health parity. DOI plans to hold an Insurer Summit in 2018 to review additional action items.
- DOI is conducting several examinations of health companies operating in Illinois to review their practices related to mental health and substance use disorders for compliance with state and federal laws and regulations with respect to mental health parity. Reports on the results of these examinations will be released once examinations are concluded.
- DOI has developed a “palm card, quick use guide” to educate consumers and non-clinical professionals on mental health parity rights and resources available through DOI. These materials will be distributed throughout Illinois, including during DOI’s Statewide Engagement Tour in 2018.
- DOI has developed and posted a video¹¹ on its website to aid consumers in understanding and protecting their health care rights regarding mental health and substance use disorders. The video provides valuable resources to support consumers who feel their rights have been violated.

Metrics

- Mental health parity internal trainings developed and conducted
- DOI mental health parity action items reviewed and implemented
- Mental health parity market conduct examinations conducted and reports released
- Educational materials regarding mental health parity developed and distributed

Initiative 6.6: Strengthen activities and develop resources aimed specifically at addressing the impact of opioid misuse on pregnant women and newborns.

¹¹ <http://multimedia.illinois.gov/ins/ins-parity.html>

Implementation Activities and Progress

- DPH's Office of Women's Health and Family Services has developed a directory listing OUD treatment resources for pregnant women on Medicaid. The directory is available on DPH's opioids website¹² and will be provided to the Helpline so that pregnant women in Illinois can be appropriately directed to treatment resources in their communities.
- The Illinois Neonatal Abstinence Syndrome (NAS) Advisory Committee, formed by DPH in 2015, has been charged with developing processes, protocols, guidelines, and programs to better identify and treat NAS as well as improve pregnancy outcomes. Since its inception, the NAS Advisory Committee has developed an appropriate standard clinical definition of NAS, developed a uniform process of identifying NAS, and made recommendations on evidence-based guidelines and programs to improve the outcomes of pregnancies with respect to NAS. The NAS Advisory Committee has released three annual reports on their progress,¹³ and will continue to develop recommendations for DPH to implement going forward.
- DPH has funded the Illinois Perinatal Quality Collaborative (ILPQC) to implement the Mothers and Newborns affected by Opioid (MNO) initiative for obstetric and neonatal teams across all Illinois birthing/newborn hospitals. The goals of the MNO initiative are to (1) prevent OUD through a systems-based approach emphasizing reduced opioid prescribing for routine deliveries, increased PMP use, and OUD prevention/stigma reduction education; (2) increase screening and MAT linkage for mothers with OUD through implementation of validated screening tools, systematic local resource mapping, and development of protocols to manage women who screen positive for opioids; and (3) optimize care for mothers and newborns affected by opioids through the development of prenatal, intrapartum, and postpartum checklists and protocols. The initiative will work closely with the Alliance for Innovation on Maternal Health and leaders in obstetrics, neonatology/pediatrics, and addiction medicine to provide hospital teams with obstetric and newborn toolkits. The MNO initiative began in January 2018 with approximately 30 Wave 1 hospitals and was expanded to all participating Illinois hospitals in April 2018 with a launch webinar. In May 2018, a kick-off collaborative face-to-face meeting was held with monthly collaborative webinars for all hospital teams to follow.

¹² http://dph.illinois.gov/sites/default/files/publications/publicationsowhopioid-use-treatment-resource-manual-ab_0.pdf

¹³ <http://dph.illinois.gov/topics-services/prevention-wellness/prescription-opioids-and-heroin/neonatal-abstinence-syndrome>

- As described earlier in this report, DPH has been performing data analysis on how opioid misuse affects women of reproductive age in Illinois as well as developing and disseminating educational materials for pregnant women and new mothers regarding opioids, OUD, NAS, and breastfeeding.
- As described earlier, a pilot project to support home visiting services for mother with babies born with substance withdrawal symptoms, including NAS, was approved in Illinois' 1115 Medicaid waiver.

Metrics

- Resources for pregnant women and new mothers developed and disseminated
- Recommendations from the NAS Advisory Committee developed and implemented
- Number of hospital teams participating in MNO initiative

E) Supporting Justice-Involved Populations

Strategy 7: Increase the Capacity of Deflection and Diversion Programs Statewide

Initiative 7.1: Educate jurisdictions about and support their implementation of diversion and deflection frameworks, as well as diversion efforts that occur at the court level

Implementation Activities and Progress

- As part of the FR-CARA Rural Opioid Prevention Initiative funded by SAMHSA, DPH will develop a training for law enforcement agency leadership participating in diversion/deflection programs and the importance of linking opioid overdose survivors to treatment and recovery supports.
- ICJIA has been conducting trainings, performing evaluations, publishing reports, and administering/identifying funding opportunities related to diversion/deflection programs, and plans to continue with these efforts.
- ICJIA has conducted multiple trainings on diversion/deflection programs. Most recently, ICJIA has hosted a conference on criminal justice responses to the opioid crisis, a summit with UChicago Labs, and conducted trainings at the Illinois Association of Chiefs of Police Annual Conference and Illinois Problem-Oriented Policing Conference.
- ICJIA has completed a process evaluation of the Safe Passage deflection program and is currently conducting an outcome evaluation of Safe Passage to inform future implementation efforts for diversion/deflection programs.
- ICJIA has administered a number of deflection/diversion grants. These include diversion/deflection programs in Lee County and Naperville (Justice Assistance Grant program), and eight drug court programs serving 23 counties (Adult Redeploy Illinois).

Metrics

- Number of jurisdictions trained on diversion/deflection programs
- Process and outcome evaluations of diversion/deflection programs conducted
- Number of grants identified, issued, or obtained
- Number of new diversion/deflection programs implemented

Initiative 7.2: Identify linkage gaps for justice-involved individuals with OUD; implement critical bridge services at the point of law enforcement and/or emergency department/hospital contact so that opioid overdose survivors can stay safe, stable, and alive while they wait to enter formal OUD treatment

Implementation Activities and Progress

- DHS-SUPR, DPH, and ICJIA will perform an environmental scan to survey current services and linkage gaps as well as existing resources and funding mechanisms for justice-involved individuals with OUD.
- DHS-SUPR is supporting a number of linkage, referral, and “warm hand-off” pilot projects for individuals with OUD using federal STR funds. DHS-SUPR will continue supporting these programs and begin working on ways to scale these pilot projects out more broadly.
- DHS-SUPR has contracted with four organizations to provide screening and “warm hand-off” services for individuals with OUD in targeted Illinois hospitals. Services have thus far been initiated at nine hospitals and multiple Cook County Health and Hospitals System locations, with 1,287 patients having been served as of May 2018. Of these patients, 80.2% (1,032) were admitted to formal OUD treatment by the community-based treatment providers to which they were referred following discharge.
- DHS-SUPR has entered into a contract to provide community-based outreach, referral, and linkage services for individuals with OUD in high-need areas across Illinois. As of April 2018, 2,908 individuals received outreach services, of whom 1,231 screened positive for opioid use and expressed interest in treatment, 772 completed a meeting with a linkage manager, and 590 appeared for treatment intake.

- During the first five months of operation, the Rush STR Program provided SBIRT (Screening, Brief Intervention, and Referral to Treatment) services to 2,516 of their inpatients, of whom 708 screened positive for any SUD and 227 screened positive for OUD. Buprenorphine services were initiated for 94 of these patients and 62 were referred to external SUD providers
- DPH's FR-CARA Rural Opioid Prevention Initiative will, among other things, provide care coordination services for opioid overdose survivors in 18 rural counties in south-central Illinois. Care coordinators under this program will develop referral relationships with hospital emergency departments as well as law enforcement to follow up on overdose survivors and refer them to appropriate long-term treatment and recovery supports.

Metrics

- Environmental scan conducted; current client/service flow and linkage gaps and existing resources/funding mechanisms for justice-involved individuals with OUD inventoried
- Number of clients served by DHS-SUPR STR-funded linkage, referral, and "warm hand-off" programs

Initiative 7.3: Promote training for prosecutors, judges, and other attorneys regarding opioids, OUD, MAT, and the diversion of people with OUD to evidence-based treatment programs

Implementation Activities and Progress

- New rules regarding continuing legal education (CLE) in Illinois require that all attorneys participate in at least one hour of CLE covering mental health/substance abuse topics. The Task Force will engage with the Illinois Attorney Registration and Disciplinary Commission and the Minimum Continuing Legal Education Board of the Supreme Court of Illinois in the upcoming year to promote CLE credits for training regarding opioids/OUD/diversion programs.

Metrics

- CLE regarding opioids/OUD/diversion programs made available

III. Response

F) Rescue

Strategy 8: Increase the Number of First Responders and Community Members Who Are Trained and Have Access to Naloxone

Initiative 8.1: Facilitate naloxone access statewide; expand naloxone purchase, training, and distribution services throughout Illinois

Implementation Activities and Progress

- DHS-SUPR is supporting (and will continue to support) expanded naloxone purchase, training, and/or distribution services in Illinois through its Drug Overdose Prevention Program (DOPP), including funding through the SAMHSA STR and Prescription Drug/Opioid Overdose (PDO) projects. As of April 2018, 113,187 individuals have been trained in naloxone administration and 1,828 opioid overdose reversals have been reported to the DOPP. In addition, 17,356 naloxone kits have been distributed in fiscal year 2018 under STR and PDO-funded services.
- DPH's FR-CARA Rural Opioid Overdose Prevention Program will, among other things, provide free naloxone and naloxone administration training for municipal and county law enforcement agencies in 18 rural counties in south-central Illinois.
- In October 2017, DPH released a statewide standing order for naloxone. As of May 2018, 166 pharmacies and organizations have downloaded the standing order.
- DPH and partners have conducted two webinars for new pharmacists regarding the statewide naloxone standing order.

Metrics

- Number of individuals trained in naloxone administration
- Number of naloxone kits purchased/distributed
- Number of opioid overdose reversal reported

Initiative 8.2: Educate the general public regarding what naloxone is, how it saves lives, and how to access it

Implementation Activities and Progress

- DPH will develop, compile, and disseminate educational materials regarding naloxone for the general public, including materials for people with low literacy. These materials will be made available on DPH's own opioids website as well as on the single state opioids website currently in development.
- DPH's Opioid Data Dashboard has a module mapping out every pharmacy and naloxone distribution program in Illinois that provides naloxone without a prescription. The map is interactive, searchable by city, and provides directions/contact information for each pharmacy/program listed.
- DHS-SUPR will expand the current *#EOM* communication campaign efforts targeting the general public to include naloxone education.
- Helpline operators have been trained on naloxone and are currently offering information regarding naloxone and naloxone training to callers.

Metrics

- Educational materials regarding naloxone developed and disseminated
- Interactive standing order pharmacy map released on Opioid Data Dashboard

G) Supporting Justice-Involved Populations

Strategy 9: Decrease the Number of Overdose Deaths After an At-Risk Individual's Immediate Release From A Correctional Facility

Initiative 9.1: Expand the number of counties and correctional facilities that distribute naloxone and provide training to at-risk justice-involved individuals and their supporters

Implementation Activities and Progress

- A number of Illinois counties have already begun naloxone programs for justice-involved individuals or are working on forming partnerships with local law enforcement to establish naloxone programs for released individuals. In particular, DHS-SUPR is currently using federal funds to offer naloxone to individuals released from Lake County Jail and Cook County Jail. Additionally, the Chicago Recovery Alliance is collaborating with the Cook County Sheriff's Department to provide naloxone to individuals on electronic monitoring. Will County is also distributing naloxone to residents at a halfway house. The Task Force will actively encourage and promote expansion of these programs to more counties.
- ICJIA has convened a working group on OUD in Illinois correctional facilities, with involvement from the Illinois Department of Corrections (DOC), DPH, DHS-SUPR, as well as local stakeholders. Take-home naloxone as well as MAT in IDOC facilities are both active topics of discussions. ICJIA is administering a survey of Illinois sheriffs on naloxone use and MAT, the results of which will be shared in a future report.

Metrics

- Number of take-home naloxone programs implemented statewide
- Number of participants in programs

Initiative 9.2: Expand the availability of MAT in correctional facilities, in particular following the model currently being piloted at DOC's Sheridan and Southwestern Illinois (SWICC) Correctional Centers

Implementation Activities and Progress

- The ICJIA-led working group on OUD in Illinois correctional facilities is actively discussing MAT availability, as is the working group led by DHS-SUPR, DOC, and Treatment Alternatives for Safe Communities (TASC), which is directing the Sheridan Correction Center (Sheridan) and Southwestern Illinois Correctional Center (SWICC) Vivitrol pilots. Currently there are 31 clients in Sheridan and seven clients at SWICC being prescribed Vivitrol under the pilot project.
- DOC is reviewing plans to expand its SUD treatment and dual diagnosis programs at the Logan Correctional Center for women. Discussions are also underway regarding the expansion of the Sheridan/SWICC MAT pilot projects into Logan Correctional Center, in addition to a potential pilot project of other MAT medications, pending evaluation of funding streams.

Metrics

- Number of correctional facilities providing MAT services
- Number/proportion of incarcerated individuals with SUD who receive treatment, including MAT, in correctional facilities

Initiative 9.3: Ensure that linkage services, case management, timely access to treatment, and other resources to support recovery are available to individuals leaving jails and prisons.

Implementation Activities and Progress

- DHS-SUPR has entered into contracts with six organizations to provide long-acting naltrexone-based MAT for individuals with OUD in Illinois county jails. These services consist of screening, assessment, initial long-acting naltrexone injections, and post-release treatment referrals while incarcerated. As of May 15, 2018, nine county jails implemented services and served 299 clients. Of these 299 clients, 91.6% (275) were admitted for formal OUD treatment by the community-based providers to which they were referred.

- DOC is reviewing plans to expand the number of correctional facilities educating clients about MAT and providing linkages to treatment. Currently there are seven DOC facilities providing MAT education for all clients, with TASC assisting with getting clients onto Medicaid and making active linkages to treatment.
- The Helpline currently provides assistance with accessing SUD treatment services and/or other treatment and linkage resources for individuals leaving jails or prisons.
- A pilot project to focus on case management for SUD for justice-involved individuals, was recently approved in Illinois' 1115 Medicaid Waiver.

Metrics

- Number of jails/prisons that have discharge/release programs for individuals with SUD
- Number of individuals inducted into, and maintained on, MAT from jails/prisons with release programs for individuals with SUD

List of Abbreviations

#EOM: Ending Opioid Misuse in Illinois

Advisory Council: Illinois Opioid Crisis Response Advisory Council

ASTHO: Association of State and Territorial Health Officials

CDC: Center for Disease Control and Prevention

Chicago-HIDTA: Chicago High Intensity Drug Trafficking Area

CLE: Continuing Legal Education

CS: Controlled Substance

DCFS: Illinois Department of Children and Family Services

DFPR: Illinois Department of Financial and Professional Regulation

DHS: Illinois Department of Human Services

DHS-SUPR: Illinois Department of Human Services, Division of Substance Use Prevention and Recovery

DOC: Illinois Department of Corrections

DOI: Illinois Department of Insurance

DOPP: Drug Overdose Prevention Program

DPH: Illinois Department of Public Health

EO: Executive Order

FR-CARA: First Responders – Comprehensive Addiction Recovery Act

Helpline: Illinois Helpline for Opioids and Other Substances

HER: Electronic Health Record

ICJIA: Illinois Criminal Justice Information Authority

ILPQC MNO: Illinois Perinatal Quality Collaborative, Mothers and Newborns Affected by Opioids

ISP: Illinois State Police

IYS: Illinois Youth Survey

MAT: Medication-Assisted Treatment

MME: Morphine Milligram Equivalent

NAS: Neonatal Abstinence Syndrome

ODMAP: Overdose Detection Mapping Application Program

OD: Opioid Use Disorder(s)

PDO: Prescription Drug/Opioid Overdose

PMP: Illinois Prescription Monitoring Program

PSA: Public Service Announcement

SAMHSA: Substance Abuse and Mental Health Services Administration

SBIRT: Screening, Brief Intervention, and Referral to Treatment

Sheridan: Sheridan Correction Center

SOAP: State of Illinois Opioid Action Plan

STR: State Targeted Response

SUD: Substance Use Disorder(s)

SWICC: Southwestern Illinois Correctional Center

TASC: Treatment Alternatives for Safe Communities

Task Force: Governor's Opioid Prevention and Intervention Task Force